

JC885 U.S. PTO
 05/10/01

PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231	Attorney Docket No.	P56525RE
	First Named Inventor	KI-LOOK PARK <i>et ali.</i>
	Original Patent Number	5,917,679
	Original Patent Issue Date (Month/Day/Year)	June 29, 1999
	Express Mail Label No.	

JC474 U.S. PTO
 09/892790
 06/28/01

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (not executed) (37 C.F.R. §1.175)(PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) -combined in Declaration <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) -combined in Declaration	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration 8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- -combined in Declaration 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (If applicable) 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Other: _____ _____

15. CORRESPONDENCE ADDRESS

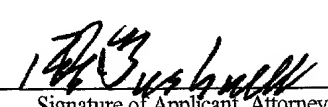
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	008-439	or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. Or Attach bar code label here)			
Name	ROBERT E. BUSHNELL and Law Firm		
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NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature		Date	28 June 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

REB/kf

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P56525RE			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 51	**** 51 - 20 = 31	×\$ ____ =		or	×\$ <u>18.00</u> =	\$ <u>558.00</u>
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	* 5 - 3 = 2	×\$ ____ =			×\$ <u>80.00</u> =	\$ <u>16000</u>
Basic Fee (37 CFR 1.16(h))				\$ ____		OR	\$ <u>710.00</u>	
Total Filing Fee				\$ ____			\$ <u>1,428.00</u>	
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The amount of \$ 1,428.00 will be paid later upon filing of an executed Declaration.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>28 June 2001</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Robert E. Bushnell</u> Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: KI-OOK PARK *et al.*

Original Patent No. 5,917,679 issued on 29 June 1999

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 28 June 2001

Art Unit: *to be assigned*

For: PSEUDO CONTACT TYPE NEGATIVE PRESSURE AIR BEARING SLIDER

REQUEST FOR APPROVAL OF DRAWING CHANGE(S)

Assistant Commissioner
for Patents
Washington, D.C. 20231

Box: REISSUE

Sir:

Approval of the drawing changes to patented Figs. 4, 5, 6(a), 6(b), 7, 10, and 11 as shown in red in the accompanying drawings in the above-captioned reissue application is respectfully requested.

Respectfully submitted,



Robert E. Bushnell

Attorney for Applicant

Reg. No.: 27,774

1522 "K" Street, N.W., Suite 300
Washington, D.C. 20005
Area Code: 202-408-9040

Folio: P56525RE
Date: 28 June 2001
I.D.: REB/kf

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TRANSMITTAL OF DECLARATIONS

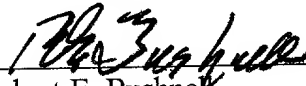
Assistant Commissioner
for Patents
Washington, D.C. 20231

Box: REISSUE

Sir:

This transmittal accompanies the unsigned Declaration and Power of Attorney for Reissue Application by Inventors and Assignee wherein Declaration as to Loss of Letters Patent is incorporated for the above-captioned reissue application. An executed Declaration will be submitted to the U.S. Patent & Trademark Office upon receipt of a serial number for the above-captioned application.

Respectfully submitted,


Robert E. Bushnell,
Attorney for the Applicant
Registration No.: 27,774

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Folio: P56525RE
Date: 06/28/1
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